

Georgia Department of Community Health
Office of Health Improvement
Women's Health Advisory Council Meeting Minutes
October 30, 2007

Members Present:

Lesa Walden-Young, MD	Phylecia Wilson
Gina P. Lundberg, MD, FACC	Sarah Lang
Jean Wright, MD (teleconference)	

DCH Staff Present:

James T. Peoples	Paulette M. Poole
Kristal Ammons	Lynn Christian
Edgar Angulo	Mae Bowden

The Office of Health Improvement held its Women's Health Advisory Council meeting on Tuesday, October 30, 2007, at the Department of Community Health in Atlanta, Georgia. James Peoples, Executive Director, opened the meeting and requested approval and adoption of the minutes for the July 31st and September 25th meeting. There being no changes to the minutes, the motion was made to approve and seconded.

James Peoples gave a brief statement for the purpose of the meeting. He explained that the meeting was to review the information from the two part retreat, capture it in a succinct manner, and use it as the 2008 work plan for the council. He also stated that he would like the council to meet with Commissioner Medows to present the councils focus areas for 2008. (Date TBD) He also made the council aware that on Dec. 13, 2007 the DCH Board has asked that the councils attached to the Office of Health Improvement present their individual work plan to the Board. Mr. Peoples will present on the overall office.

Mr. Peoples asked the group to go through the focus areas and decide what they would like to keep or make changes to. Once this plan has been reviewed and accepted it will be adopted as the 2008 work plan for the council. He mentioned that each strategy was given a name to give more of an impact.

The group discussed three primary focus areas for 2008; education and awareness, funding and school-based partnerships. There was also a fourth category of screening, but we felt screening could be put into the education and awareness category. Mr. Peoples asked the group if they were comfortable with leaving screenings under education and awareness or if they would like screening to be a separate strategy. The group agreed that if you look at improving the understanding and value of screening then that is an educational piece. But there are also other ways to get women screened, which could satisfy the need for a separate screening strategy.

Mr. Peoples discussed the addition of quantifying some of the strategies. He mentioned that at the end of the year he wanted to measure how successful we were in achieving

our goals and asked the group if they want to quantify the number of screenings received. Ms. Lang mentioned that it is important to show outcome and this will also address the disparities part of this process.

Mr. Peoples said that the Office of Health Improvement is involved with the GCC Breast Cancer License Plate Program. Mr. Peoples went on to explain that the money that comes from the purchase of the breast cancer tag goes into the Indigent Care Trust Fund. A portion of that money is used via contract with the GCC for them to implement the Breast Cancer Screening and Education Program. Mr. Peoples suggested the council make a recommendation to the GCC to screen a certain number of indigent women in 2008 through their license tag program and that could be used as one of the goals and as an effort to quantify the number of women served. Approximately \$1,000,000 comes into the indigent fund. DCH takes \$500,000 and invests that in to the GCC. The \$500,000 is 100% funding towards services for women. Grants are usually to community organizations in the amount of \$25,000 to \$50,000. In the last round of grants approximately 16,000 women were screened. Kristal Ammons suggested that we could use the first year as a baseline of what we can do in terms of quantifying for the future years and determine if we have made any real progress.

Dr. Lundberg discussed the 2007 National Women's Law Center Report Card – State Report Card and the many failing grades Georgia received in health. The council discussed how they would quantify screenings and how they would target the four cancers (breast, lung, cervical & colorectal) that affect women in Georgia. Mr. Peoples said that we would take each cancer and target the region that has the highest prevalence rate for that cancer and quantify based on that. Dr. Lundberg suggested that the group look at the high risk cancer areas, but may want to look at lung cancer across the state because we are failing across the state when it comes to lung cancer.

Mr. Peoples asked if there was an acceptable percentage increase for screenings. Dr. Lesa said that there are guidelines set by the National Center for Health Statistics. Mr. Peoples said the group would look at what Healthy People says is an acceptable parameter and send out that number via email to let the council decide if that's an acceptable goal.

Mr. Peoples recapped and said that we would look at breast, colorectal and cervical regionally and look at lung cancer statewide. Mr. Peoples mentioned that part of our challenge for next year is to find those mechanisms by which we can actually implement the program.

Dr. Lundberg recommended the group target those areas that the women of GA are failing; diabetes and hypertension. Obesity is a risk factor for stroke, diabetes, heart attacks and should be included. Dr. Lundberg mentioned that obesity is a risk factor for women in heart disease and is an intermediate increasing risk factor for cancer. She feels by targeting obesity we are getting both of our objectives of cancer and cardiovascular disease. Dr. Lesa and Dr. Lundberg feel that we need to quantify CVD. Mr. Peoples mentioned that under strategies we would add a screening strategy.

Mr. Peoples discussed the strategies under education.

“Georgia’s Women at Risk” - This strategy would involve a media campaign that would involve quarterly radio or television shows, and PSAs where physicians or other

professionals would be invited to discuss women's health issues across the state. This media plan would address screenings and other areas where women's issues are important. The media plan would involve a fundraising effort. Dr. Lundberg mentioned that a low budget way to get this started was to have a speaker's bureau. The speaker's bureau would give us a list of names and approved PowerPoint presentations without having to put a dollar in to it. The group agreed they want to pursue this initiative. Mr. Peoples asked the group if they were comfortable with the name, "Georgia Women at Risk." Dr. Lesa felt the name was negative. She felt that most people do not want to see themselves at risk, but in the most positive light. Dr. Wright mentioned that she was at a conference where they used a campaign and used three short words, "She, Me and We." The idea was to get women to screenings and they based it around something positive, something around sisterhood, building that momentum. Mr. Peoples proposed not using the name "Georgia Women at Risk" because the group is not totally comfortable with that. He asked the group to email him their suggestions for a title. Once we receive the suggestions, we will email the group for a vote of our media plan/campaign.

WHAC's Birthday Reminder Initiative – This initiative involves a plan to partner with the First Lady to send out birthday cards to women informing and reminding them that their screening is due. The group agreed they should do this initiative in 2008 and keep it consistent with their current screening initiatives. The group will discuss more in depth how they will do the mail out and what will be printed on the cards.

"Women's Health Partnership Alliance" - He mentioned that the speaker's bureau could be utilized for the Lunch and Learn series. He asked the group if they agreed with the strategy to continue to grow community, faith-based and intergovernmental partnerships and do the lunch and learn series. The group agreed to both. The lunch and learns would be carried out across the state. The most effective way to carry those out would be to go from region to region.

Georgia Women's Health Report Card - Mr. Peoples stated that this is a huge effort and he doesn't know if the office has the resources. The group asked the question if they would need to replicate the report card that's already out there. Mr. Peoples commented that the National Report Card grades the state, but the report card that would be produced by the Office of Women's Health would grade each county in the state. Dr. Lesa asked if we could make the recommendation to public health and the county boards of health that they should do it, because they have the data. She also asked if the council could make the recommendation to existing infrastructures that they need to do it. Mr. Peoples mentioned possibly waiting until 2009. Ms. Lang asked if we had funding available to give a small grant to have someone else to do the report on our behalf.

Women's Health Summit

The office will host a Women's Health Summit in the summer of 2008. The summit would be a one day meeting. Dr. Lesa asked if the Women's Health Advisory Council traditionally did all of the event management for the summit. Traditionally the staff planned the summit and we also had an event planner for the summit. Mr. Peoples stated that the Office of Health Improvement will plan the event with the Advisory council's input and that the office does not have the resources to hire an event coordinator. Ms. Ammons raised the question about the name change to Women's Health Congress. She commented unless you are trying to engage a different audience

other than what they have had in previous years the women's health summit is the name that has been out there and the public connects with it. The group agreed to change the name back to Women's Health Summit. Dr. Lundberg, Ms. Wilson, and Dr. Lesa agreed to work on the summit sub-committee. Dr. Lesa requested a list of past participants. Mr. Peoples mentioned that we will send out previous agendas from the past OWH summits.

Goal 2 – Funding

This is the area that the group would make recommendations and drafting policy statements. This goal will not be quite as labor intensive as the education component, but it will be very important if this council is to become the voice of women's health across the state.

Goal 3 – School – Aged Females

The group decided to target high school aged females. This council would work with the GA Dept. of Education and local school systems on an obesity outreach program in the school and on tobacco use or some type of smoking cessation program in the school. The group would have to set up a facilitated session with DOE to find out what they currently have going on and look at other states to see what they are doing regarding this initiative. Then make recommendations to the DOE to start a program in certain school districts. Dr. Lesa would like the group to look at the data around substance abuse to make sure tobacco is the number one drug of choice for girls.

Obesity - Dr. Lesa and Dr. Lundberg agreed to work together on the obesity initiative.

He asked the group if they were comfortable with the name "GA Health Partnership Alliance." The group discussed the name and will come back to make sure the name has not already been taken.

Mr. Peoples revisited the report card issue. Suggestions on the table included giving a grant to have the report done, wait until 2009 or recommend someone else does the report. Ms. Lang mentioned that the group wait until 2009. She feels the initiatives that we institute in 2008 will give data for that report card in 2009. Dr. Lesa suggested not doing the report until 2009 or not doing it at all. The group decided to wait on the report card.

CVD – Improve the number of women screened for CVD

The council will use the same strategies for CVD as they did for cancer. Dr. Lesa asked Dr. Lundberg if she had to recommend female patients to come in for a screening around CVD what would that be. Dr. Lundberg commented that she would have them come in for blood pressure screenings because we are failing most in stroke; high blood pressure is mostly related to stroke. Blood pressure screenings are easy, inexpensive and accessible. Dr. Lundberg also added by checking Body Mass Index (BMI) that would pick up your adult onset diabetes, Type 2, and can be more helpful than cholesterol. The council decided to add blood pressure screenings to the CVD piece. ("Improve the number of women screened for CVD specifically geared towards blood pressure screenings")

We will not have the meeting on November 27th. The next meeting will be with the Commissioner regarding our work plan. In December all council members are invited to the DCH Board Meeting on December 13th at 10:00 a.m. at the Twin Towers Building

across from the Capitol, in the Floyd room on the 20th floor. At this meeting the chair will be asked to report on the council's focus areas for 2008.

Mr. Peoples mentioned that at the end of this session he will ask for volunteers to serve on our education component of our work plan, the funding component and the school-based component.

Education piece – Dr. Lundberg, Dr. Lesa volunteered
Mr. Peoples will meet with Ms. Lang regarding the regional piece.
Ms. Lang and Dr. Lesa will work together on the DOE piece.
James Peoples recommended Ellen Williams take the lead on the policy piece.

Summit sub-committee meetings will start in December.

Members were encouraged to submit suggestions for expert speakers for the OWH lunch and learn series.

Dr. Lesa asked if there was a system or process in place to bring in outside money to support what the council is doing. Mr. Peoples said they are currently working on a process with the Minority Health Advisory Council by developing Memorandums of Agreement with people who want to fund the council's efforts and this process could be used for the Office of Women's Health.

Dr. Lundberg mentioned that one of the strategic initiatives for the American Heart Association (AHA) is their Partnership for Healthier Generations. This initiative addresses childhood obesity and the AHA would love to work with the council on this initiative.

Director's Report

DCH Board Meeting December 13th – All council members invited
Commission on Men's Health – Currently working on Men's Health Report
Minority Health Advisory Council – Currently working on disparities project report card for Georgia
American Cancer Society Making Strides Against Breast Cancer Walk
DCH raised \$7401. There were a total of 17 state agencies that participated in the walk.

There being no further business meeting adjourned at 12:00 p.m.